

IB/2005/050406

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January 21, 2005

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APPLICATION THAT MET THE REQUIREMENTS TO BE GRANTED A
FILING DATE UNDER 35 USC 111.

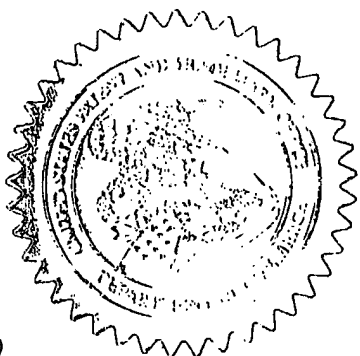
APPLICATION NUMBER: 60/542,794 ✓

FILING DATE: February 06, 2004 ✓

PRIORITY DOCUMENT

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PTO/SB/16 (02-01)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE031431 U.S. PTO
60/542794**PROVISIONAL APPLICATION FOR PATENT COVER SHEET**
This is a request for filing a PROVISIONAL APPLICATION FOR PATENT under 37 CFR 1.53(c).

Express Mail Label No. EU778901050US

| INVENTOR(S) | | | | | |
|--|--|--|--------------|---|--|
| Given Name (first and middle (if any)) | | Family Name or Surname | | Residence (City and either State or Foreign Country) | |
| Robert | | Mesaros | | Bothell, WA | |
| <input type="checkbox"/> Additional inventors are being named on the _____ separately numbered sheets attached hereto | | | | | |
| TITLE OF THE INVENTION (280 characters max) | | | | | |
| DIAGNOSTIC ULTRASOUND SYSTEM WITH GRIPPABLE ARTICULATING FLAT PANEL DISPLAY | | | | | |
| Direct all correspondence to: CORRESPONDENCE ADDRESS | | | | | |
| <input checked="" type="checkbox"/> Customer Number | | 28159 | | <div style="border: 1px solid black; padding: 5px;">Place Customer Number Bar Code Label here</div> | |
| OR Type Customer Number here | | | | | |
| <input type="checkbox"/> Firm or Individual Name | | W. Brinton Yorks, Jr. | | | |
| Address | | | | | |
| Address | | | | | |
| City | | State | | ZIP | |
| Country | | Telephone | 425-487-7152 | Fax | |
| ENCLOSED APPLICATION PARTS (check all that apply) | | | | | |
| <input checked="" type="checkbox"/> Specification Number of Pages | | 16 | | <input type="checkbox"/> CD(s), Number | |
| <input checked="" type="checkbox"/> Drawing(s) Number of Sheets | | 12 | | <input checked="" type="checkbox"/> Other (specify) | |
| <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 | | <div style="border: 1px solid black; padding: 5px;">Express Mail Certificate Receipt Confirmation Postcard</div> | | | |
| METHOD OF PAYMENT OF FILING FEES FOR THIS PROVISIONAL APPLICATION FOR PATENT | | | | | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | | | FILING FEE AMOUNT (\$) | |
| <input type="checkbox"/> A check or money order is enclosed to cover the filing fees | | | | 160.00 | |
| <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge filing fees or credit any overpayment to Deposit Account Number: | | 14-1270 | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | | |
| The invention was made by an agency of the United States Government or under a contract with an agency of the United States Government. | | | | | |
| <input checked="" type="checkbox"/> No. | | | | | |
| <input type="checkbox"/> Yes, the name of the U.S. Government agency and the Government contract number are: _____ | | | | | |

Respectfully submitted,

SIGNATURE W. Brinton Yorks, Jr.TYPED or PRINTED NAME: W. Brinton Yorks, Jr.TELEPHONE 425-487-7152Date Feb 5 '04REGISTRATION NO.
(if appropriate)
Docket Number:

28,923

PHUS040119

USE ONLY FOR FILING A PROVISIONAL APPLICATION FOR PATENT

This collection of information is required by 37 CFR 1.51. The information is used by the public to file (and by the PTO to process) a provisional application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 8 hours to complete, including gathering, preparing, and submitting the complete provisional application to the PTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Box Provisional Application, Assistant Commissioner for Patents, Washington, D.C. 20231.